CDP Client Level Data Collection: 2005

	CDP	2005		
Q	Description	Name	Value	Data
1	URN or Unique ID	urn		Text
2	ZIP code of residence	cIntzip		Number
_	Provider ID	prvid		Text
4	Date of enrollment	enrldate	mm/dd/yyyy	Date
5	Gender	sex	1=Male	Number
			2=Female	
			3=Transgender	
			9=Unknown	
6	Year of Birth	byear		Number
7	Age	age	0.11	Number
8	Is the client of Hispanic or Latino/a ethnicity?	hispanic	0=No	Number
			1=Yes	
_	NAME of the alternation of a control of the attention of the control of the contr		9=Unknown	
9	What is the client's race? (Check all that apply) White	white	0=No	Number
	White	wnite	1=Yes	Inumber
_	Black	black	0=No	Number
	DidCK	DIACK	1=Yes	INUITIBEI
	Asian	asian	0=No	Number
	Asian	asiaii	1=Yes	INdilibei
	Native Hawaiian or Other Pac. Isl.	pacisl	0=No	Number
	I valive Hawalian of Other Fac. 1st.	pacisi	1=Yes	INdilibei
	American Indian/Alaskan Native	natamer	0=No	Number
	Aniencan mulan/Alaskan Native	liataillei	1=Yes	INdilibei
	Unknown race	unkrace	0=No	Number
	Olikilowii race	unkrace	1=Yes	Indiniber
10	If the client is new to your service this year, did they enter HIV	cnewct	0=No	Number
'0	primary medical care as a result of a routine HIV counseling and	Cricwet	1=Yes at this agency	Indiniber
	testing program?		2=Yes, at another C&T Site	
	loosing program.		7=Not applicable	
			9=Unknown/unreported	
11	What is the client's household income?	cincome	1=Equal to or below Federal Poverty Line	Number
			2=101-200% of FPL	
			3=201-300% of FPL	
			4=>300% of FPL	
			9=Unknown	
12	Current housing/living arrangement:	nohome	0=Permanently Housed	Number
			1=Non-permanently housed	
			2=Institution	
			8=Other	
			9=Unknown / Unreported	
13	Current HIV/AIDS status:	hivstat	1=HIV-positive not AIDS	Number
			2=HIV Pos/AIDS status Unknown	
			3=CDC-defined AIDS*	
			4=HIV Indeterminate (<2 years of age)	
			5=HIV Negative (affected clients only)	
			9=Unknown/unreported (affected)	
14	What is the client's vital/enrollment status?	vitalst	1=Active	Number
			2=Deceased	
			3=Inactive	
		1	9=Lost to follow-up	
15	Current source of medical insurance:	primpay	1=Private	Number
			2=Medicare	
			3=Medicaid	
			4=Other public	
			5=No Insurance	
			8=Other	
L		+.	9=Unknown	
15a	If "Other," describe	primpayo		Text

Page 1 of 7 Created on: 2/18/2005

Primary risk factor for HIV infection (Check one only.)		CDP	2005		
treated or referred for, substance abuse at any time this year (including jiection drugs, actobal)? 18 Does the client have a documented diagnosis of, or were they treated or referred for, a mental health condition at any time this year? 19 Indicate the number of service visit received. Except for services as and ah, do NOT include outside referrals here. 20 Ambulstory/outpatient medical care smedical services smheath Number of Coral Health Services smheath Number of Coral Health Services Substance Abuse Services-Outpatient ssabuse Number (Coral Health Services Substance Abuse Services-Outpatient ssabuse Number (Coral Health Services) Numbe		Primary risk factor for HIV infection (Check one only.)	hivrisk	2=Injection drug user (IDU) 3=MSM & IDU 4=Hemophilia/coagulation disorder 5=Heterosexual contact 6=Receipt of trasfusion of blood, blood components, or tissue 7=Mother w/at risk for HIV infection (perinatal transmission) 8=Other 9=Undetermined/unknown/risk not reported	Number
treated or referred for, a mental health condition at any time this year? 19 Indicate the number of service visit received. Except for services as and and a. do. NOT include outside referals here. a Ambulatory/outpatient medical care b Mental health Services c Oral Health Care d Substance abuse Services-Outpatient sabuser c Oral Health Care Substance Abuse Services - Residential Sabuser Number Rehabilitation Services srehab Home health: Paraprofessional care shmpra Number Home health: Paraprofessional care shmpra Number Home health: Paraprofessional care shmpra Number Home health: Paraprofessional care shmpro Number I Cales Management Services scasemgt Number Child Welfare services schaare Number Child Welfare services Sadvoc Number Child Welfare services Sadvoc Number D Bevelopmental Assessment services schaare D Bay or respite care services schaere D Bay or respite care services scasemgt Number F Emergency financial services scash Number F Emergency financial services scash Number F Emergency financial services scash Number Legal services scash Number Perves Number Primary care clinician Case manager/social worker Other trained counselor Polevolin trained counselor Primary care clinician Primary Primary care clinician Primary Number Case manager/social worker Other trained counselor Polevolon Primary care clinician Primary Primary Primary care clinician Primary Primary Primary Primary Primary Case manager/social worker Polevolon Primary		treated or referred for, substance abuse at any time this year (including injection drugs, alcohol)?	shistory	1=Yes	
a and ab, do NOT include outside referrals here. a Ambulatory/outpatient medical care smedical b Mental health Services Coral Health Care Substance abuse Services-Outpatient Substance abuse Services-Poutpatient Substance abuse Services-Residential Substance abuse Services-Residential Substance abuse Services-Residential Substance abuse Services Residential Substance Abuse Residential Substance Residential Frofessional Care Substance Abuse Residential Substance Abu		treated or referred for, a mental health condition at any time this year?			Number
D Mental health Services		aa and ab, do NOT include outside referrals here.			
C Oral Health Care Substance abuse Services - Outpatient sabuse Number d Substance Abuse Services - Residential ssabuser Number f Rehabilitation Services srehab Number g Home health: Paraprofessional care shmpara Number h Home health: Professional care shmppro Number H Home health: Specialized care shmspec Number j Case Management Services scasemgt Number j Case Management Services scasemgt Number l Child Care services schaere Number Child Care services schwelf Number n Child Welfare services schwelf Number n Client advocacy services schwelf Number n Client advocacy services srespite Number n Emergency financial services sdassess Number n Emergency financial services	а	Ambulatory/outpatient medical care	smedical		Number
d Substance abuse Services-Outpatient ssabuser	_				Number
E Substance Abuse Services - Residential Seabuser Number Rehabilitation Services Serebab Number Rehabilitation Services Serebab Number Number Rehabilitation Services Seabus Number N					Number
f Rehabilitation Services srehab Number home health: Professional care shmpara Number number shall reprofessional care shmpara Number number shall reprofessional care shmpara Number number number number shall reprofessional care shmpara Number numbe			 		+
g Home health: Paraprofessional care shmpara	-				+
h Home health: Professional care shmspro Number Home health: Specialized care shmspec Number					_
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20a Was client counseled about HIV transmission risk behaviors as part of their primary medical care?			+		Number
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Primary care clinician evalpcc 0=No 1=Yes Case manager/social worker evalcm 0=No 1=Yes Other trained counselor evaloth 0=No 1=Yes Number Number		part of their primary medical care?	evalhiv	1=Yes 7=Not Applicable 8=No, Not medically indicated	Number
1=Yes	20b				
1=Yes			evalpcc	1=Yes	Number
1=Yes			evalcm	1=Yes	Number
21a Date of most recent TB skin test: tbdate Mm/yyyy Date		Other trained counselor	evaloth		Number
	21a	Date of most recent TB skin test:	tbdate	Mm/yyyy	Date

Page 2 of 7 Created on: 2/18/2005

	CDP	2005		
21h	Result of the most recent TB skin test.	tbresult	0=Negative (<5mm)	Number
210	Result of the most recent 1D skin test.	ibiesuit	1=Positive (>= 5mm)	INGILIDE
			2=Inconclusive	
0.1	D		9=Unknown/unreported	
21c	Documented history of treatment for TB disease or prophylaxis for	tbdoc	0=No	
	latent TB infection?		1=Prophylaxis for latent TB infection	
			7=Treatment for active disease	
			9=Unknown/lost to follow-up	
21d	If 21C =1 or 2, enter date treatment: started:	tbstart	Mm/yyyy	Date
	If 21C =1 or 2, enter date treatment: completed:	tbend	Mm/yyyy	Date
	Was client screened for syphilis?	sytest	0=No	Number
22a	was client screened for syphilis:	Sylesi	1=Yes	INGILIDE
			8=Not medically indicated	
22b	If syphilis treatment was indicated, was it prescribed?	sytreat	0=No	Number
			1=Yes	
			8=Not medically indicated	
23a	Was client screened for any sexually transmitted infection (STI)	stitest	0=No	Number
	other than syphilis and HIV?		1=Yes	
			8=Not medically indicated	
	If the state of the Proof of the state of th			N
23b	If treatment was indicated for any STI other than syphilis or HIV,	stitreat	0=No	Number
	was it prescribed?		1=Yes	
24a	Is client Hepatitis A antibody positive?	hepapos	0=No	Number
			1=Yes	
24h	If antibody positive, enter date of last positive Total Hep A Antibody	henadat	Mm/yyyy	Date
270	The state of the s	порадат	IVIIII/ y y y y	Date
	test:		1.4	-
	Date of first Hepatitis A vaccine dose:	hepafir	Mm/yyyy	Date
	Date of second Hepatitis A vaccine dose:	hepasec	Mm/yyyy	Date
25a	Is client Hepatitis B antibody positive?	hepbpos	0=No	Number
			1=Yes	
25h	If Hep B positive, enter date of last positive:	hepbdat	Mm/yyyy	Date
	Date of first Hep. B vaccine dose:	hepbfir	Mm/yyyy	Date
				
	Date of second Hep. B vaccine dose:	hepbsec	Mm/yyyy	Date
	Date of third Hep. B vaccine dose:	hepbthi	Mm/yyyy	Date
26a	Date of most recent hepatitis C screening test:	hepcdat	Mm/yyyy	Date
26b	Result of the most recent hepatitis C screening test:	hepresit	0=Negative	Number
		'	1=Positive	
260	Was client evaluated for hepatitis C treatment?	hepctest	0=No	Number
200	I vas client evaluated for nepatitis of treatment:	Порогозг	1=Yes	INGILIDE
00.1	Maran Parata and Maraha and Carolina and Car	1		N11
26a	Was client treated for hepatitis C?	heptreat	0=No	Number
			1=Yes	
	If treated, date therapy started:	hepcsta	Mm/yyyy	Date
26f	If treated, date therapy completed:	hepcend	Mm/yyyy	Date
	Date of last Pneumovax:	pneumvax	Mm/dd/yyyy	Date
_	Date of last influenza vaccine:	influvac	Mm/dd/yyyy	Date
	Enter CD4+ lymphocyte counts (cells/L), Viral Loads and PCP	iiiiuvac	IVIII/dd/yyyy	Date
29				
	prophylaxis treatment information:			
	CD4/VL test date - q1	labq1dat	mm/dd/yyyy	Date
L	CD4 count - q1	cd4q1		Number
	CD4 PCP prophylaxsis if <200 - q1	cd4q1pcp	0=No	Number
	'	'''	1=Yes	
	VL - q1	vlq1	1.100	Number
	'		no no /elel/s n n n s	
	CD4/VL test date - q2	labq2dat	mm/dd/yyyy	Date
	CD4 count - q2	cd4q2		Number
	CD4 PCP prophylaxsis if <200 - q2	cd4q2pcp	0=No	Number
			1=Yes	
	VL - q2	vlq2		Number
	CD4/VL test date - q3	labq3dat	mm/dd/yyyy	Date
	CD4 count - q3			
		cd4q3	O No	Number
	CD4 PCP prophylaxsis if <200 - q3	cd4q3pcp	0=No	Number
			1=Yes	
	VL - q3	vlq3		Number
	CD4/VL test date - quarter 4	labq4dat	mm/dd/yyyy	Date
	CD4 count - q4	cd4q4	1	Number
$\overline{}$	CD4 PCP prophylaxsis if <200 - q4	cd4q2pcp	0=No	Number
ĺ	Control Propriyation \200 - q+	σαπηερορ		Tauribei
		1	1=Yes	

Page 3 of 7 Created on: 2/18/2005

	CDP:	2005		
	VL - q4	vlq4		Number
30	Check if client was newly diagnosed with any of the following AIDS-			
	defining conditions (check all that apply):			
	Cervical Cancer	adccc	0=No	Numbe
			1=Yes	
	Cytomegalovirus disease	adccmv	0=No	Numbe
			1=Yes	
	Lymphoma	adclymph	0=No	Numbe
		' '	1=Yes	
	Mycobacterium avium complex	adcmac	0=No	Numbe
	,		1=Yes	
	Mycobacterium tuberculosis	adctb	0=No	Numbe
	,		1=Yes	
	Pneumocystis carinii pneumonia	adcpcp	0=No	Numbe
	The anico year can in procure in a	a a op op	1=Yes	
	Toxoplasmosis	adctoxo	0=No	Numbe
	- Chopiasinosis		1=Yes	
	Other AIDS Defining condition	adcother	0=No	Numbe
	Other AIDO Defining condition	adcounct	1=Yes	INGILIDO
312	Was the client prescribed the latest antiretroviral drug regimen	arv	0=No	Numbe
Sia		arv	17 7	INUITIDE
216	each quarter?		1=Yes	
	Quarters 1 - 4		4	NI
	Drug code	arv1q1	1=Agenerase (amprenavir)	Numbe
		arv8q1	2=Combivir (lamivudine/zidovudine)	1
			3=Crixivan (indinavir)	
		arv1q2	4=Emtriva (emtricitabine)	
		arv8q2	5=Epivir (3TC, lamivudine)	
			6=Epzicom (lamiviudine,abacavir)	
		arv1q3	7=Fortovase (saquinavir)	
		arv8q3	8=Fuzeon (enfuvirtide)	
			9=HIVID (ddC, dideoxycytidine, zalcitabine)	
		arv1q4	10=Invirase (saquinavir mesylate)	
		arv8q4	11=Kaletra (ritonavir, lopinavir)	
			12=Lexiva (fosamprenavir)	
			13=Norvir (ritonavir)	
			14=Rescriptor (delavirdine)	
			15=Retrovir (AZT, ZDV, zidovudine)	
			16=Reyataz (atazanavir sulfate)	
			17=Sustiva (efavirenz)	
			,	
			18=Trizivir (Abacavir/3TC/AZT)	
			19=Truvada (emtricitabine/tenofovir)	
			20=Videx (ddl, didanosine, dideoxyinosine)	
		1	21=Viracept (nelfinavir)	
			22=Viramune (nevirapine)	
			23=Viread (Tenofovir)	1
		1	24=Zerit (d4T, stavudine)	
			25=Ziagen (abacavir)	
			99=Other ARV (experimental)	1
31c	If not taking any antiretrovirals for any continuous 3 month period or	NoARV	1=Not medically indicated	Numbe
	longer within the year, indicate reason.		2=Not ready (as determined by clinician)	
	go	1	'3=Client refused therapy	
		1	4=Intolerance, side-effects, toxicity	
		1		
			5= Managed treatment interruption 6= Non-adherence	1
		1		
			7= Other (comorbidty including substance use,	
	Ougations 22 24 for Familia and		mental health problems, financial)	
10	Questions 32-34 for Females only			
	Date of last pelvic exam:	peldate	mm/dd/yyyy	Date
32b	If no exam, indicate reason:	pelreas	0=Not medically indicated	Numbe
		ļ	1=Refused	<u> </u>
	Date of last vaginal pap smear:	papdate	mm/dd/yyyy	Date
33b	If no exam, indicate reason:	papreas	0=Not medically indicated	Numbe
		1	1=Refused	
34a	Was the client pregnant this year?	pregnant	0=No	Numbe
	, , ,	j. 5 a	1=Yes	1

Page 4 of 7 Created on: 2/18/2005

	CDP 2	2005		
34b	If pregnant, during what trimester did the client begin prenatal/perinatal care?	precare	1=First trimester 2=Second trimester 3=Third trimester	Numbe
			4=At time of delivery 9=Unknown/unreported	
34c	Did the client receive antiretroviral medications to prevent maternal to child transmission of HIV?	artmom	0=No 1=Yes	Numbe
34d	Did the client deliver any (liveborn) children this year?	delchild	0=No 1=Yes 9=Unknown	Numbe
34e	Total number of live births	numchild		Numbe
	If 35d. is yes, did newborn(s) receive recommended HIV preventive therapies?	recchild	0=No 1=Yes	Numbe
34g	Of the children reported, what was their HIV status at the end of the		9=Unknown	
	reporting period?			
	Number confirmed HIV positive	HIVconfp		Numbe
	Number HIV indeterminate	HIVind		Numbe
	Number confirmed HIV negative	HIVconfn		Numbe
35	Was client referred outside of your EIS program (Title 3) and/or	referral	0=No	Numbe
	your network (Title 4) for any service that was unavailable within		1=Yes	
	your program or network this year?		9=Unknown	
36	Indicate the type of outside referral and if the client received the service:			
	Referred: Ambulatory/outpatient medical care	rmedical	1=Yes	Numbe
	Referred: Mental health Services	rmheath	1=Yes	Numbe
	Referred: Oral Health Care	rdental	1=Yes	Numbe
	Referred: Substance abuse Services-Outpatient	rsabuse	1=Yes	Numbe
	Referred: Substance Abuse Services – Residential	rsabuser	1=Yes	Numbe
	Referred: Rehabilitation Services	rrehab	1=Yes	Numbe
	Referred: Home health: Paraprofessional care	rhmpara	1=Yes	Numbe
	Referred: Home health: Professional care	rhmpro	1=Yes	Numbe
	Referred: Home health: Specialized care	rhmspec	1=Yes	Numbe
	Referred: Case Management Services	rcasemgt	1=Yes	Numbe
	Referred: Buddy/companion services	rbuddy	1=Yes	Numbe
	Referred: Child Care services	rchcare	1=Yes	Numbe
	Referred: Child Welfare services	rchwelf	1=Yes	Numbe
	Referred: Client advocacy services	radvoc	1=Yes	Numbe
	Referred: Day or respite care services	rrespite	1=Yes	Numbe
	Referred: Developmental Assessment services	rdassess	1=Yes	Numbe
	Referred: Early Intervention (Title I&II)	reit1t2	1=Yes	Numbe
	Referred: Emergency financial services	rfinance	1=Yes	Numbe
	Referred: Food bank visits	rfood	1=Yes	Numbe
	Referred: Health Education/risk reduction	rhlthed	1=Yes	Numbe
		rhouse	1=Yes	Numbe
	Referred: Legal services	rlegal	1=Yes	Numbe
	Referred: Nutrition Counseling services	rnutrit	1=Yes	Numbe
	Referred: Outreach services	routrch	1=Yes	Numbe
	Referred: Permanency planning services	rplan	1=Yes	Numbe
	Referred: Psychosocial support services	rpsych	1=Yes	Numbe
	Referred: Referral for health care Referred: Referral for clinical trials	rrhc	1=Yes	Numbe
		rrclinic	1=Yes	Numbe
	Referred: Residential/in home hospice visits Referred: Transportation services	rhospice	1=Yes 1=Yes	Numbe Numbe
	Referred: Transportation services Referred: Treatment Adherence services	rtransp rtreat	1=Yes	Numbe
	Referred: Other support services	rother	1=Yes	Numbe
	Service Received: Ambulatory/outpatient medical care	cmedical	0=No	Numbe
	Scribe Neceiveu. Ambulatory/outpatient medical care	oniculcal	1=Yes 9=Unknown	INGINDE
	Sorvice Received: Mental health Services	ombooth		Mirrorbo
	Service Received: Mental health Services	cmheath	0=No 1=Yes	Numbe
	Convige Received: Oral Health Core	odontol	9=Unknown	N1
	Service Received: Oral Health Care	cdental	0=No 1=Yes	Numbe
		1		
	1	1	9=Unknown	

Page 5 of 7 Created on: 2/18/2005

C	DP 2005		
Service Received: Substance abuse Services-Outpatient	csabuse	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Substance Abuse Services – Residential	csabuser	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Rehabilitation Services	crehab	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Home health: Paraprofessional care	chmpara	0=No	Numbe
a aprocessional care	Joinny and	1=Yes	110
		9=Unknown	
Service Received: Home health: Professional care	chmpro	0=No	Numbe
Convice reconved. Frome fleature. Fromessional care	ominpro	1=Yes	Trainibe
		9=Unknown	
Service Received: Home health: Specialized care	chmspec	0=No	Numbe
Service Received. Florile fleatiff. Specialized care	Ciliispec		Numbe
		1=Yes	
On the Board of One Management On the		9=Unknown	N
Service Received: Case Management Services	ccasemgt	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Buddy/companion services	cbuddy	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Child Care services	cchcare	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Child Welfare services	cchwelf	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Client advocacy services	cadvoc	0=No	Numbe
Solving Reservoir Chemical County Control		1=Yes	110
		9=Unknown	
Service Received: Day or respite care services	crespite	0=No	Numbe
Dervice Received. Day of respite care services	Crespite	1=Yes	INdilibe
Coming Described Developmental Assessment comings		9=Unknown	Niconale
Service Received: Developmental Assessment services	cdassess	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Early Intervention (Title I&II)	ceit1t2	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Emergency financial services	cfinance	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Food bank visits	cfood	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Health Education/risk reduction	chlthed	0=No	Numbe
Convict Received. Floatin Education flor reduction	or intriod	1=Yes	T turns
		9=Unknown	
Service Received: Housing assistance	chouse	0=No	Numbe
Service Received. Housing assistance	Criouse	1=Yes	INGILIDE
Coming Descrived Level coming	ala mal	9=Unknown	Niconale
Service Received: Legal services	clegal	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Nutrition Counseling services	cnutrit	0=No	Numbe
		1=Yes	
		9=Unknown	
Service Received: Outreach services	coutrch	0=No	Numbe
		1=Yes	

Page 6 of 7 Created on: 2/18/2005

	CDP 2005		
Service Received: Permanency planning services	cplan	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Psychosocial support services	cpsych	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Referral for health care	crhc	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Referral for clinical trials	crclinic	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Residential/in home hospice visits	chospice	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Transportation services	ctransp	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Treatment Adherence services	ctreat	0=No	Number
		1=Yes	
		9=Unknown	
Service Received: Other support services	cother	0=No	Number
		1=Yes	
		9=Unknown	

Page 7 of 7 Created on: 2/18/2005